

TO: COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS

Date

5-23-06

CLAIM FOR REFUND

Claim for refund of Permit and other fees paid, as provided by Los Angeles County Code: Title 20, Sanitary Sewer and Industrial Waste; Title 26, Building; Title 27, Electrical; Title 28, Plumbing; Title 29, Mechanical.

Claim is hereby made for the refund of \$ 833.46, which is eighty percent (80%) of the fee paid (\$ 1041.83) for the permit or other service shown below. (Check one only.)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> BUILDING PERMIT | <input type="checkbox"/> ELECTRICAL PERMIT | <input type="checkbox"/> REGISTRATION FEE, CONTRACTOR |
| <input type="checkbox"/> GRADING PERMIT | <input type="checkbox"/> PLAN CHECK FEE, BLDG. & SAFETY | <input type="checkbox"/> REGISTRATION FEE, JOURNEYMAN |
| <input type="checkbox"/> PLUMBING PERMIT | <input type="checkbox"/> SEWER-SEWAGE DISPOSAL PERMIT | <input type="checkbox"/> MECHANICAL PERMIT |
| <input type="checkbox"/> FEE FOR INSPECTIONS & RECORD PLANS | <input type="checkbox"/> | <input type="checkbox"/> FEE FOR SPECIAL STUDY |
| <input type="checkbox"/> FEE FOR PROCESSING SEWER EASEMENT | | <input type="checkbox"/> PLAN CHECK FEE, SANITARY SEWERS |
| <input type="checkbox"/> PLAN CHECK FEE, INDUSTRIAL WASTE FACILITIES | | <input type="checkbox"/> FEE FOR PROCESSING REIMBURSEMENT JOBS |

Permit No. BLO402200029 Receipt No. BS01000024708 Date Issued 2-20-04
Job Number or Job Address 1712 W. 105TH ST.

I hereby certify that no work was commenced or done under the permit or receipt issued and that the information written above is true and correct to my best knowledge and belief, and that this claim is justly due and has not been paid.

CLAIMANT Aggie Faller / Cynthia Gunkle
Address 1712 W. 105th St. LA CA 90047
STREET CITY ZONE

Claimant to fill in all necessary spaces above this line

I hereby certify that all the terms and conditions of Titles 20, 26, 27, 28 and 29 governing refunds have been strictly and fully complied with, and this refund is APPROVED.

APPROVED BY [Signature]
(District Engineer or Other Supervisor)

The original copy of the permit or receipt issued must be attached to and made a part of this claim

AD 000002 / 105th St

TO: COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS

Date 5 23 00

CLAIM FOR REFUND

Claim for refund of Permit and other fees paid, as provided by Los Angeles County Code: Title 20, Sanitary Sewer and Industrial Waste; Title 26, Building; Title 27, Electrical; Title 28, Plumbing; Title 29, Mechanical.

Claim is hereby made for the refund of \$ 79.52, which is eighty percent (80%) of the fee paid (\$ 99.40) for the permit or other service shown below. (Check one only.)

- | | | |
|--|---|--|
| <input type="checkbox"/> BUILDING PERMIT | <input type="checkbox"/> ELECTRICAL PERMIT | <input type="checkbox"/> REGISTRATION FEE, CONTRACTOR |
| <input type="checkbox"/> GRADING PERMIT | <input type="checkbox"/> PLAN CHECK FEE, BLDG. & SAFETY | <input type="checkbox"/> REGISTRATION FEE, JOURNEYMAN |
| <input checked="" type="checkbox"/> PLUMBING PERMIT | <input type="checkbox"/> SEWER-SEWAGE DISPOSAL PERMIT | <input type="checkbox"/> MECHANICAL PERMIT |
| <input type="checkbox"/> FEE FOR INSPECTIONS & RECORD PLANS | <input type="checkbox"/> _____ | <input type="checkbox"/> FEE FOR SPECIAL STUDY |
| <input type="checkbox"/> FEE FOR PROCESSING SEWER EASEMENT | | <input type="checkbox"/> PLAN CHECK FEE, SANITARY SEWERS |
| <input type="checkbox"/> PLAN CHECK FEE, INDUSTRIAL WASTE FACILITIES | | <input type="checkbox"/> FEE FOR PROCESSING REIMBURSEMENT JOBS |

Permit No. FL 0406140016 Receipt No. B501000024705 Date Issued 6-14-04
Job Number or Job Address 1712 W. 105TH ST.

I hereby certify that no work was commenced or done under the permit or receipt issued and that the information written above is true and correct to my best knowledge and belief, and that this claim is justly due and has not been paid.

CLAIMANT ARTHUR PATRIC / Cynthia Bunkle
Address 1712 W. 105TH ST. CA 91047
STREET CITY ZONE

Claimant to fill in all necessary spaces above this line

I hereby certify that all the terms and conditions of Titles 20, 26, 27, 28 and 29 governing refunds have been strictly and fully complied with, and this refund is APPROVED.

APPROVED BY [Signature]
(District Engineer or Other Supervisor)

The original copy of the permit or receipt issued must be attached to and made a part of this claim

NO. 1118 / 105TH ST.

TO: COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS

Date 5 23 06

CLAIM FOR REFUND

Claim for refund of Permit and other fees paid, as provided by Los Angeles County Code: Title 20, Sanitary Sewer and Industrial Waste; Title 26, Building; Title 27, Electrical; Title 28, Plumbing; Title 29, Mechanical.

Claim is hereby made for the refund of \$ 77.12, which is eighty percent (80%) of the fee paid (\$ 96.40) for the permit or other service shown below. (Check one only.)

- | | | |
|--|---|--|
| <input type="checkbox"/> BUILDING PERMIT | <input type="checkbox"/> ELECTRICAL PERMIT | <input type="checkbox"/> REGISTRATION FEE, CONTRACTOR |
| <input type="checkbox"/> GRADING PERMIT | <input type="checkbox"/> PLAN CHECK FEE, BLDG. & SAFETY | <input type="checkbox"/> REGISTRATION FEE, JOURNEYMAN |
| <input type="checkbox"/> PLUMBING PERMIT | <input type="checkbox"/> SEWER-SEWAGE DISPOSAL PERMIT | <input checked="" type="checkbox"/> MECHANICAL PERMIT |
| <input type="checkbox"/> FEE FOR INSPECTIONS & RECORD PLANS | <input type="checkbox"/> | <input type="checkbox"/> FEE FOR SPECIAL STUDY |
| <input type="checkbox"/> FEE FOR PROCESSING SEWER EASEMENT | | <input type="checkbox"/> PLAN CHECK FEE, SANITARY SEWERS |
| <input type="checkbox"/> PLAN CHECK FEE, INDUSTRIAL WASTE FACILITIES | | <input type="checkbox"/> FEE FOR PROCESSING REIMBURSEMENT JOBS |

Permit No. MED406140010 Receipt No. BS01000024706 Date Issued 6 14 04
Job Number or
Job Address 1712 W. 105th ST.

I hereby certify that no work was commenced or done under the permit or receipt issued and that the information written above is true and correct to my best knowledge and belief, and that this claim is justly due and has not been paid.

CLAIMANT Aggie Patton / Gail Ann Gault
Address 1712 W. 105th ST. 1A, CA 90247
STREET CITY ZONE

Claimant to fill in all necessary spaces above this line

I hereby certify that all the terms and conditions of Titles 20, 26, 27, 28 and 29 governing refunds have been strictly and fully complied with, and this refund is APPROVED.

APPROVED BY [Signature]
(District Engineer or Other Supervisor)

The original copy of the permit or receipt issued must be attached to and made a part of this claim